



Complete Summary

TITLE

Perinatal care: percentage of patients with elective vaginal deliveries or elective cesarean sections at greater than or equal to 37th and less than 39 weeks of gestation completed.

SOURCE(S)

Specifications manual for Joint Commission National Quality Core Measures [Version 2010A2]. Oakbrook Terrace (IL): The Joint Commission; 2010 Jan. 335 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percent of deliveries occurring in gestational weeks greater than or equal to 37 weeks and less than 39 weeks that are elective.

RATIONALE

For almost 3 decades, the American College of Obstetricians and Gynecologists (ACOG) and the American Academy of Pediatrics (AAP) have had in place a standard requiring 39 completed weeks gestation prior to ELECTIVE delivery, either vaginal or operative (ACOG, 1996). A survey conducted in 2007 of almost 20,000 births in HCA hospitals throughout the U.S. carried out in conjunction with the March of Dimes at the request of ACOG revealed that almost 1/3 of all babies delivered in the United States are electively delivered with 5% of all deliveries in the U.S. delivered in a manner violating ACOG/AAP guidelines. Most of these are

for convenience, and result in significant short term neonatal morbidity (neonatal intensive care unit admission rates of 13 to 21%) (Clark et al., 2009).

According to Glantz (2005), compared to spontaneous labor, elective inductions result in more cesarean deliveries and longer maternal length of stay. The American Academy of Family Physicians (2000) also notes that elective induction doubles the cesarean delivery rate. Repeat elective cesarean sections before 39 weeks gestation also result in higher rates of adverse respiratory outcomes, mechanical ventilation, sepsis and hypoglycemia for the newborns (Tita et al., 2009).

PRIMARY CLINICAL COMPONENT

Elective delivery

DENOMINATOR DESCRIPTION

Patients delivering newborns with greater than or equal to 37 and less than 39 weeks of gestation completed (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

Patients with elective deliveries (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Overall poor quality for the performance measured
Use of this measure to improve performance

EVIDENCE SUPPORTING NEED FOR THE MEASURE

American Academy of Family Physicians (AAFP). Tips from other journals: elective induction doubles cesarean delivery rate. Am Fam Physician 2000 Feb 15;61(4)

American College of Obstetricians and Gynecologists (ACOG). Assessment of fetal lung maturity. Washington (DC): ACOG; 1996 Nov. 8 p.(ACOG educational bulletin; no. 230).

Clark SL, Miller DD, Belfort MA, Dildy GA, Frye DK, Meyers JA. Neonatal and maternal outcomes associated with elective term delivery. Am J Obstet Gynecol 2009 Feb;200(2):156.e1-4. [PubMed](#)

Glantz JC. Elective induction vs. spontaneous labor associations and outcomes. J Reprod Med 2005 Apr;50(4):235-40. [PubMed](#)

Tita AT, Landon MB, Spong CY, Lai Y, Leveno KJ, Varner MW, Moawad AH, Caritis SN, Meis PJ, Wapner RJ, Sorokin Y, Miodovnik M, Carpenter M, Peaceman AM, O'Sullivan MJ, Sibai BM, Langer O, Thorp JM, Ramin SM, Mercer BM, Eunice Kennedy Shriver NICHD Maternal-Fetal Medicine Units Network. Timing of elective repeat cesarean delivery at term and neonatal outcomes. N Engl J Med 2009 Jan 8;360(2):111-20. [PubMed](#)

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Accreditation
Collaborative inter-organizational quality improvement
Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Hospitals

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Measure is not provider specific

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

8 years to 64 years

TARGET POPULATION GENDER

Female (only)

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

See the "Rationale" field.

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

See the "Rationale" field.

UTILIZATION

See the "Rationale" field.

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Safety
Timeliness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Patients delivering newborns with greater than or equal to 37 and less than 39 weeks of gestation completed

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Patients delivering newborns with greater than or equal to 37 and less than 39 weeks of gestation completed

Exclusions

- *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Principal Diagnosis Code or ICD-9-CM Other Diagnosis Codes* for conditions justifying elective delivery as defined in Appendix A, Table 11.07 of the original measure documentation
- Less than 8 years of age
- Greater than or equal to 65 years of age
- Length of stay greater than 120 days
- Enrolled in clinical trials

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition
Institutionalization
Therapeutic Intervention

DENOMINATOR TIME WINDOW

Time window brackets index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Principal Procedure Code or ICD-9-CM Other Procedure Codes for one or more of the following:

- Medical induction of labor as defined in Appendix A of the original measure documentation
- Cesarean section as defined in Appendix A of the original measure documentation while not in *Active Labor* or experiencing *Spontaneous Rupture of Membranes*

Exclusions

None

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Institutionalization

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a lower score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Elective delivery.

MEASURE COLLECTION

[National Quality Core Measures](#)

MEASURE SET NAME

[Perinatal Care](#)

DEVELOPER

Joint Commission, The

FUNDING SOURCE(S)

No external funding was received.

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

The Perinatal Care Technical Advisory Panel (PC TAP) recommended which NQF-endorsed Perinatal Care measures should be included in the set. Members of the PC TAP are enumerated at:

<http://www.jointcommission.org/PerformanceMeasurement/PerformanceMeasurement/Perinatal+Care+Core+Measure+Set.htm>.

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

Expert panel members have made full disclosure of relevant financial and conflict of interest information in accordance with National Quality Forum (NQF) and The Joint Commission's Conflict of Interest policies, copies of which are available upon written request to The Joint Commission.

ADAPTATION

This Perinatal Care measure has been adapted from a National Quality Forum (NQF)-endorsed measure.

PARENT MEASURE

Elective Delivery Prior to 39 Completed Weeks Gestation [Hospital Corporation of America St. Mark's Perinatal Center]

RELEASE DATE

2009 Oct

REVISION DATE

2010 Jan

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

Specifications manual for Joint Commission National Quality Core Measures [Version 2010A2]. Oakbrook Terrace (IL): The Joint Commission; 2010 Jan. 335 p.

MEASURE AVAILABILITY

The individual measure, "Elective Delivery," is published in "Specifications Manual for Joint Commission National Quality Core Measures [Version 2010A2]." This document is available from the [The Joint Commission Web site](#).

NQMC STATUS

This NQMC summary was completed by The Joint Commission on January 15, 2010 and reviewed accordingly by ECRI Institute on February 8, 2010.

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